

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

NOV 18 1937

**1. PLACE OF DEATH**

County Jackson  
Township Buckner  
City Buckner (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 396  
Primary Registration District No. 4233

File No. 37830

Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Buckner, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lela G. Ramsdell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-15-1864</u>		
7. AGE <u>72</u>	YEARS <u>4</u>	MONTHS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Physician</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) <u>Sept 29, 1936</u>		11. Total time (years) spent in this occupation <u>44 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
13. NAME <u>Noah Ramsdell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
15. MAIDEN NAME <u>Catherine Douglass</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
17. INFORMANT <u>Mrs. Chas. Bliss</u> (ADDRESS) <u>Hughesville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Buckner, Mo.</u> DATE <u>Nov. 8, 1936</u>		
19. UNDERTAKER <u>OPT &amp; Mitchell</u> (ADDRESS) <u>Independence, Mo.</u>		
20. FILED <u>Nov 6, 1936</u> <u>John W. Robertson</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1936 to Nov 5, 1936

I last saw him alive on Nov 5, 1936. Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Final Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) John W. Robertson, M. D.

(Address) Buckner, Mo.

